

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Hilliard Education Association PAC									
To Whom Paid Fifth Third Bank						M	D	Y	Amount 5.00
Address Main Branch			Purpose Dormant Fee						
City			State		Zip Code	Check Number			
To Whom Paid Fifth Third Bank						M	D	Y	Amount 5.99
Address Main Branch			Purpose Dormant Fee & Copying Fee						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code	Check Number			